

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$245.30 for dates of service 10/11/01 and 10/18/01.
- b. The request was received on 02/12/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 02/05/02
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. EOBs from other carriers
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/11/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 04/12/02. The response from the insurance carrier was received in the Division on 04/30/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
3. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:
 - a. "On November 8, 2001 date of service October 11, 2001 and on November 19, 2001 date of service October 18, 2001 a request for reconsideration was submitted to the (Carrier), with our position that, the CPT Code use[sic] on 10/11/2001 and 10/18/2001 was 64999 (unlisted procedure of the nervous system). 64999 best describes the service performed, which is a non-invasive transverse nerve block. The (Carrier) feels that 'Fair & Reasonable' or[sic] this procedure is \$29.35, when in my research of this code shows 'Fair & Reasonable' to be \$300.00.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 10/11/01 and 10/18/01.
2. The denial code on the submitted EOB is M-“THE REIMBURSEMENT FOR THE SERVICE RENDERED HAS BEEN DETERMINED TO BE FAIR AND REASONABLE BASED ON BILLING AND PAYMENT RESEARCH AND IS IN ACCORDANCE WITH LABOR CODE 413.011 (B).”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
10/11/01 10/18/01	64999	\$300.00 \$300.00	\$29.35 \$29.35	M M	DOP	MFG: General Instructions (III); Rule 133.304 (i); Rule 133.307 (g) (3) (D); Sec. 413.011 (d) CPT descriptor	The carrier has denied the charge in dispute as “M” on the original EOB dated 11/02/01. No other EOBs or reaudits were noted. Therefore, the Medical Review Division’s decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed. The Commission will only address the denial code of “M” for this code. The carrier has failed to comply with TWCC Rule 133.304 (i). Pursuant to Rule 133.304 (i), “When the insurance carrier pays a health care provider for treatment(s) and/or service(s) for which the Commission has not established a maximum allowable reimbursement, the insurance carrier shall: (1) develop and consistently apply a methodology to determine fair and reasonable reimbursement amounts to ensure that similar procedures provided in similar circumstances receive similar reimbursement...”. Documentation supports that a synaptic nerve block was performed on 10/11/01 and 10/18/01. The Requestor has supported their position that \$300.00 is a fair and reasonable reimbursement by supplying documentation that “...discusses, demonstrates, and justifies that all payment amount being sought is a fair and reasonable reimbursement...”. Therefore, additional reimbursement is recommended in the amount of \$541.30. (\$600.00 billed - \$58.70 already reimbursed, leaves \$541.30.)
Totals		\$600.00	\$58.70				The Requestor is entitled to reimbursement in the amount of \$541.30 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$541.30 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 4th day of June 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.